



# PERMIT APPLICATION - INTERNAL COMBUSTION ENGINES

NORTH DAKOTA DEPARTMENT OF HEALTH

DIVISION OF AIR QUALITY

SFN 8891 (12-05) (AP-113)

## GENERAL

|  |       |   |                  |
|--|-------|---|------------------|
| Name of Firm or Organization   |       | Plant Location                                  |                  |
| Facility Name  |       | Source Identification Number (From Form AP 100) |                  |
| Person Submitting Report   | Title | Telephone Number                                | Application Date |
| TYPE OF UNIT<br><input type="checkbox"/> Stationary Gas Turbine for Electricity Generation<br><input type="checkbox"/> Large Stationary Diesel and Dual Fuel Engines<br><input type="checkbox"/> Heavy Duty Nat. Gas-Fired Pipeline Compressor Engines and Turbines<br><input type="checkbox"/> Gasoline and Diesel Industrial Engines |       |   |                  |

## MANUFACTURER'S DATA

|  |   |   |   |
|--|---|---|---|
| Make   | Model   | Maximum Rating<br>BHP @ RPM             | Operating Capacity<br>BHP @ RPM               |
| <input type="checkbox"/> 4 Stoke <input type="checkbox"/> 2 Stroke | <input type="checkbox"/> Rich Burn <input type="checkbox"/> Lean Burn | <input type="checkbox"/> Spark Ignition | <input type="checkbox"/> Compression Ignition |

## FUELS USED

|             |                                |                 |                          |
|-------------|--------------------------------|-----------------|--------------------------|
| Natural Gas | x 10 <sup>3</sup> cu. ft./year | Percent Sulfur  | Percent H <sub>2</sub> S |
| Oil         | gal./year                      | Percent Sulfur  | Grade No.                |
| LP Gas      | gal./year                      | Other (Specify) |                          |

## COMPRESSOR STATION & FLARE DATA (if applicable)

|  |                                 |                          |
|--|---------------------------------|--------------------------|
| Frequency of Flaring   | Quantity Flared<br>cu. ft./hour | Percent H <sub>2</sub> S |
| WILL FLARING OF GAS COMPLY WITH APPLICABLE AMBIENT AIR QUALITY STANDARDS? <input type="checkbox"/> YES <input type="checkbox"/> NO |                                 |                          |
| For natural gas pipeline transmission and/or distribution, indicate volume of natural gas compressed. Cu.ft./hour                  |                                 |                          |

## NORMAL OPERATING SCHEDULE

|               |               |                |                |                                 |
|---------------|---------------|----------------|----------------|---------------------------------|
| Hours Per Day | Days Per Week | Weeks Per Year | Hours Per Year | Peak Production Season (if any) |
|---------------|---------------|----------------|----------------|---------------------------------|

## EMISSIONS TO THE ATMOSPHERE

|                |                        |                                 |                          |                   |                          |
|----------------|------------------------|---------------------------------|--------------------------|-------------------|--------------------------|
| EMISSION POINT | STACK HEIGHT<br>(FEET) | STACK DIAMETER<br>(FEET AT TOP) | GAS DISCHARGED<br>(SCFM) | EXIT TEMP<br>(°F) | GAS<br>VELOCITY<br>(FPS) |
| (ENGINE)       |                        |                                 |                          |                   |                          |
| (FLARE)        |                        |                                 |                          |                   |                          |

## EMISSION CONTROL EQUIPMENT

|   |   |
|---|---|
| Is there any emission control equipment on this unit?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | Where a gas cleaning device exists, a GAS CLEANING EQUIPMENT Form AP 109 (SFN 8532) must be completed and attached. |
|---|---|

| EMISSION POINT | POLLUTANT        | AMOUNT<br>(POUNDS PER HOUR) | AMOUNT<br>(TONS PER YEAR) | BASIS OF ESTIMATE* |
|----------------|------------------|-----------------------------|---------------------------|--------------------|
|                | NO <sub>x</sub>  |                             |                           |                    |
|                | CO               |                             |                           |                    |
|                | PM               |                             |                           |                    |
|                | PM <sub>10</sub> |                             |                           |                    |
| (ENGINE)       | SO <sub>2</sub>  |                             |                           |                    |
| (FLARE)        | SO <sub>2</sub>  |                             |                           |                    |
|                | Formaldehyde     |                             |                           |                    |
|                | Total HAPS**     |                             |                           |                    |

\* If performance test results are available for the unit, submit a copy of test with this application.

\*\* Total HAPS includes formaldehyde

|  |   |
|--|---|
| IS THIS UNIT IN COMPLIANCE WITH ALL APPLICABLE AIR POLLUTION RULES AND REGULATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO | If "NO" a Compliance Schedule must be completed and attached. |
|--|---|

|                             |      |
|-----------------------------|------|
| Signature of Applicant<br>X | Date |
|-----------------------------|------|

## INSTRUCTIONS

Attach any extra pages you may need to explain answers or questions, or to provide complete listings of Emissions, Contaminants, or other items.

Submit your application and all documents to:

ND Department of Health  
 Division of Air Quality  
 918 E Divide, 2nd Floor  
 Bismarck, ND 58501-1947

(701)328-5188